



Application Serial No. 09/857,797
Atty. Dkt. No. 017227-0175

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: John WALKER

Title: IMPROVED SAPONIN
ADJUVANT COMPOSITIONS
AND METHOD RELATING
THERE TO

Appl. No.: 09/857,797

Filing Date: 9/13/2001

Examiner: David A. Saunders

Art Unit: 1644

AMENDMENT AND NOTICE OF APPEAL TRANSMITTAL

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith in the above-identified application is:

☒ Amendment.

☒ Notice of Appeal.

☒ The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	19	-	20	=	0	x	\$18.00	=	\$0.00
Independent Claims:	1	-	3	=	0	x	\$86.00	=	\$0.00
First presentation of any Multiple Dependent Claims:							+	\$290.00	= \$0.00
CLAIMS FEE TOTAL								=	\$0.00

- ☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/> Extension for response filed within the second month:	\$420.00	\$0.00
<input checked="" type="checkbox"/> Extension for response filed within the third month:	\$950.00	\$950.00
EXTENSION FEE TOTAL:		\$950.00
<input checked="" type="checkbox"/> Notice of Appeal Fee	\$330.00	\$330.00
CLAIMS, EXTENSION AND NOTICE OF APPEAL FEE TOTAL:		\$1,280.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:		\$1,280.00

- ☒ A check in the amount of \$1,280.00 to cover the three-month extension of time fee and Notice of Appeal fee is enclosed.

- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

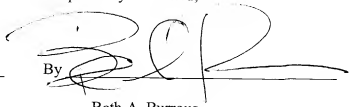
Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

7 May 2004

By



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**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals from the decision of the final rejection dated November 10, 2003, of the Examiner finally rejecting Claims 1-2, 4-18, and 20.

☒ Notice of Appeal Fee

☒ To be paid as detailed below

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$330.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:	\$950.00
	FEE TOTAL:	\$1280.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):	\$0.00
	TOTAL FEE:	\$1280.00


☒ A check in the amount of \$1,280.00 to cover the three-month extension of time fee and Notice of Appeal fee is enclosed.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

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